Male White Married 14/26/1905 4/26/1905 Marshardar) Married Marr	LED FEB 15 1951 STANDARD C	ERTIFICATE OF DEATH State File No	32			
Length of the state of the companies listed, write RURAL and give to the state of the companies listed, write RURAL and give to the companies listed, write RURAL and give to the state of the state of the companies listed, write RURAL and give to the state of the st	IO REG. DIST. NO	43 PRIMARY REG. DIST. NO. 3007 Registrar's No.	58			
TOWN Poplar Bluff d. FULL NAME Of as the hospital at insatisution, give river before or leastbook INSTITUTION LUCY Lee Hospital 3. NAME OF a set to hospital at insatisution, give river before or leastbook INSTITUTION LUCY Lee Hospital 3. NAME OF a set (Pirit) DECEASED (Type or Print) WILLIE RALPH BRUCE 4. DATE DECEASED (Type or Print) WILLIE RALPH BRUCE 9. AGE (as peace or continue) May The Color or REC 100. USUAL OCCUPATION (Give bladd even to set to service) May The Color of REC 1130. MOTHER'S MAIDEN NAME WILLIAM A. Bruce 130. MOTHER'S MAIDEN NAME 131. MOTHER'S MAIDEN NAME WILLIAM A. Bruce 130. MOTHER'S MAIDEN NAME 131. MOTHER'S MAIDEN NAME WILLIAM A. Bruce 130. MOTHER'S MAIDEN NAME 131. MOTHER'S MAIDEN NAME 131. MOTHER'S MAIDEN NAME 132. MOTHER'S MAIDEN NAME WILLIAM A. Bruce 133. MOTHER'S MAIDEN NAME 134. MOTHER'S MAIDEN NAME WILLIAM A. Bruce 135. MOTHER'S MAIDEN NAME WILLIAM A. Bruce 136. MOTHER'S MAIDEN NAME 137. MOTHER'S MAIDEN NAME WILLIAM A. Bruce 138. MOTHER'S MAIDEN NAME WILLIAM A. Bruce 139. MOTHER'S MAIDEN NAME WILLIAM A. Bruce 140. CORNANT'S SIGNATURE OR NAME WILLIAM A. Bruce 159. MOTHER'S MAIDEN NAME WILLIAM A. Bruce 159. MOTHER'S MAIDEN NAME MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MOTHER SIGNIFICATION WILLIAM A. Bruce 159. MAIDEN NAME MOTHER SIGNIFICATION MOTHER SIGNIFICATION MOTHER SIGNIFICATION MOTHER SIGNIFICATION MOTHER MAIDEN NOT MAINE MOTHER MOTHER MAINE MOTHE	INTY	2. USUAL RESIDENCE (Where deceased lived. If institu	rtion: residen			
**NAME OF a (First)	WN Poplar Bluff township 57AY.th	ys town Poplar Bluff				
DECEASED DECEASED WILLIE RALPH BRUCE DETAIL (Month) (Day) Male O 6 COLOR OR RACE WINDOWS DEVER MARRIED. WINDOWS DEVER DEVER DEVER DEVER MARRIED. WINDOWS DEVER	LL NAME OF (If not in hospital or institution, give street address or DSPITAL OR STITUTION LUCY Lee Hospital	II Anneess	1			
10a. USUAL OCCUPATION (Give thied of work closed during most of votice like, wrong it extends a weather?) Machine Operator Tiffany Stand Cq. Ripley Co. Missouri Tiffany St	ME OF a. (First) b. (Middle) or Print) WILLIE RALPH	BRUCE DEATH 2/6/19				
10b. USUAL OCCUPATION (Give thied of work closed during most of votice like were in tracked and work of the consection o	6 COLOR OR RACE 7. MARRIED NEVER MAN WIPOWED DIVORCED MARTIED	TIED. 8. DATE OF BIRTH 9. AGE (In rents of UNION 1 m lest birthday) 4/26/1.905 45 Magths Dr. 4 5				
William A. Bruce Amanda Walker Virgie Irene Bruce S. WAS DECEASED EVER IN U. S. ARMED FORCES (No. D. Order of dates of service) Winghouse (No. D. Order) B. CAUSE OF DEATH (If yes, rive was or dates of service) B. CAUSE OF DEATH (International) (If yes, rive was or dates of service) B. CAUSE OF DEATH (International) (If yes, rive was or dates of service) B. CAUSE OF DEATH (International) (If yes, rive was or dates of service) B. CAUSE OF DEATH (International) (If yes, rive was or dates of service) B. CAUSE OF DEATH (International) (If yes, rive was or dates of service) B. CAUSE OF DEATH (International) (I	AL OCCUPATION (Glove kind of work fing most of working ille, even if retired) nine Operator Tiffany Star	OR IN- USTRY C Co. Ripley Co. Missouri	COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. VIRGIE I. Bruce Poplar Blugf, No. No provided the described of services of the services						
NO. Virgie I. Bruce Poplar Blugf, 18. CAUSE OF DEATH Enter only one cause of the control of the						
IB. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the service of dring, such as heart failure, astheria, etc. It means the discase, injury, or compileration which caused death. II. OTHER SIGNIFICANT CONDITION DUE TO (b) Pag. DATE OF OPERATION Plan. ACCIDENT SUICIDE HOMICIDE Plan. ACCIDENT SUICIDE HOMICIDE Plan. ACCIDENT (Bosetty) Plan. ACCIDENT SUICIDE HOMICIDE Plan. ACCIDENT (Bosetty) Plan. ACCIDENT (Boset		NEC 1	ADDR			
Enter only one cause per line for (a), (b), and (c) "This does not meen the discount of the mode of dring, such as heart fellure, esthering, it means the discount of the mode of dring, such as heart fellure, esthering, it means the discount of the mode of dring, such as heart fellure, esthering the underlying course (a) stating the underlying course (b) the decly stating the underlying course (a) stating the u	TOT DELTA					
the mode of ging, such as heart fallure, asthema, the sto the above cause (a) stating the underlying cause last. If means the discount of ging, such the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the dath but not related to the discouse or condition counting death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT SUKCIDE HOMICIDE HOMICIDE HOMICIDE 11d. (Bosetty) 12 1b. PLACE OF INJURY (a.g., in or abous bidg., sec.) 12 1c. (CITY, TOWN, OR TOWNSHIP) 22 1c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (S) 12 1c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (S) 13 1c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (S) 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	yone cause per 1 1. DISEASE OR CONDITION		INTERVAL BE ONSET AND			
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while AT NOT WHELE 2. I hereby certify that I attended the deceased from '1/30/, 1951', to 2/6/, 1951, that I last saw the chief on 2/5/, 1951', and that death occurred at 12:29 Am., from the causes and on the date stated above. Compared the contest of the causes and on the date stated above.	DENT (Bpecify) 21b, PLACE OF INJURY (e.g., t IDE home, farm, factory, street, office i	zrabous 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	(STATE			
Charges on 2/5/, 185 L, and that death occurred at 12:28 Am., from the causes and on the date stated above. 23. She at left (Degree or title) (WHILE AT NOT W WORK AT, W					
Chegros or title) 23b. ADDRESS Poplar Bluff, Missouri 24c. NAME OF CEMETERY OR CREMATORY Burlal / 2/7/1951 Woodlawin Cemetery Poplar Bluff, Missour DATE RECT BY LOCAL REGISTRAR'S SIGNATURE 22c. NAME OF CEMETERY OR CREMATORY Poplar Bluff, Missour 22c. DATE POPLAR	o on 2/>/ 19 \(\) and that death occur	ed at 12:23 An., from the causes and on the date stated a	are the de			
Burial 1 2/7/1951 Woodlawm Cemetery Poplar Bluff, Missou DATE RECT BY LOCAL REGISTRAR'S SIGNATURE 428 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	14.74 Paellers, ger , OI	D Poplar Bluff, Missouri	DATE S			
000 l	rial 7 2/7/1951 Woodlay	m Cemetery Poplar Bluff, Mis	sour			
Stell 10 1961 Wom. H. Sah manen U UI UUI UI UJ W II I UPIUI - IUI		70 Greer Croy & Fitch Poplar B				

RECEIVED FEB 13 1951_c BUTLER CO. HEALTH CENTER FILE No. 251-61

COT A	CHARLES AND R	D32	******	 	

I hereby certify that the body whose name is recorded on the reverse side of this	certificate was embalmed by me, or by
working under my personal supervision.	Student Embalmer No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

Student Embalmer

Signed Wallan 9 Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missouri

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.